



GEORGIA
DEPARTMENT OF CORRECTIONS

Mental Health Courts and Corrections
Subcommittee
February 25, 2020
10:00am

Mental Health Program Description

Presented by:

The Office of Health Services

Georgia Department of Corrections

Mental Health Program Description

Georgia Department of Corrections

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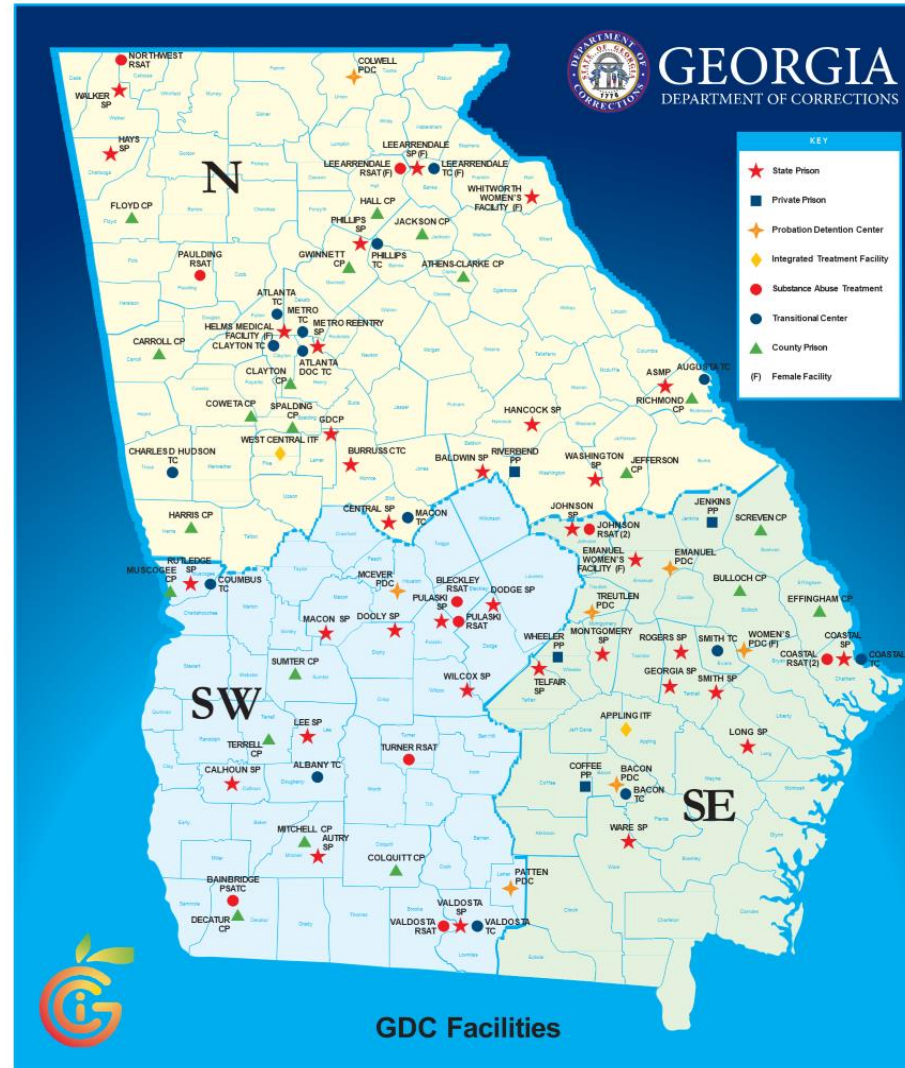




GEORGIA

DEPARTMENT OF CORRECTIONS

Georgia Department of Corrections Facility Map





Understanding Mental Illness in Corrections

Total GDC Population— 53,694

Total Mental Health Population- 12,009

- **MH Level II- 10,241 or 17.9% of Total Population**
- **MH Level III- 1403 or 2.4% of Total Population**
- **MH Level IV- 349 or <1% (.06%) of Total Population**

January 2020

Mental Health Levels of Care

- **MH Level 1-** **No need of MH services. General Population**
- **MH Level 2-** **Can be housed with General Population Offenders; mild mental illness**
 - » **Received MH counseling once a month;**
 - » **Seen by Psychiatry or Psychology every 90 days**
- **MH Level 3-** **Housed in a Supportive Living Unit with other offenders MH level 3; moderate mental illness**
 - » **Usually 2 person cells**
 - » **Received MH counseling twice per month;;**
 - » **Seen by Psychiatry or Psychology every 30-60 days**
- **MH Level 4-** **This would be an offender with a dual diagnosis; severe mental illness**
 - » **One diagnosis would be of clinical diagnosis, the other an intellectual disability**
 - » **Housed in a Supportive Living Unit, Usually single person cells**
 - » **Seen by Psychiatry or Psychology every 30 days**
- **MH Level 5-** **This would be an offender in crisis, due to self-injury**
Housed in either CSU (Crisis Stabilization Unit) or ACU (Acute Care Unit)
 - » **Seen daily by the ACU/CSU treatment team (Psychiatry/Psychology, Counselor, Nurse and Security)**



Level VI

Level of Care Beyond What GDC Can Provide

-Requires 1 to 1 Oversight

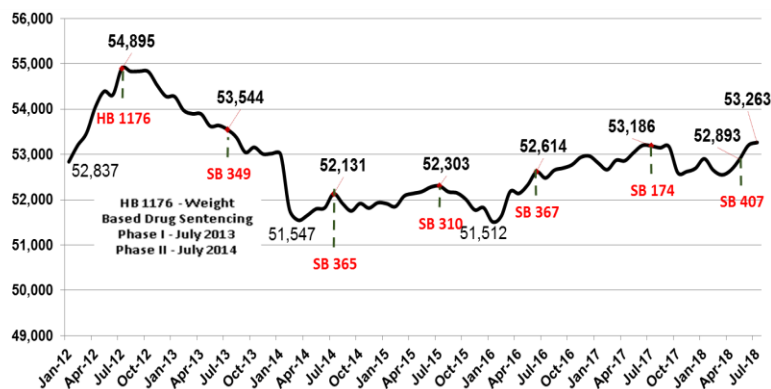
-Intensive Treatment

- Historically, the Department of Behavioral Health and Developmental Disabilities (DBHDD) Provided Beds at the Binion Building in Milledgeville Georgia.**
- Correct Care in Columbia, SC Provided Beds**
- ❖ Currently, Correct Care is No Longer Providing These Services.**



Criminal Justice Reform

Prison Population: FY 2012-FY 2018



Since the first criminal justice reform bill was effective on July 1, 2012 (HB 1176), Georgia's prison population has decreased by 3.0%, from 54,895 to 53,263, on July 1, 2018.

Note: **Prison Population** consists of active offenders physically present at a GDC prison.

House Bill 1176 (2012):

Focused on sentencing and prison admissions, prison length of stay, parole, and community supervision.

House Bill 349 (2013):

Departure from mandatory minimum sentences; implementation of Georgia Prisoner Reentry Initiative (GAPRI); and created the Georgia Criminal Justice Reform Commission.

Senate Bill 365 (2014):

Focused on post-incarceration reforms suggested by the Georgia Council on Criminal Justice Reform; developed and implemented a program to assist with reentry; provided liability protection to employers of former inmates; and established the Governor's Office of Transition, Support & Reentry.

House Bill 310 (2015):

Created a new agency, Department of Community Supervision, which merged all community supervision from GDC, Pardons and Paroles, and Department of Juvenile Justice. Governor Nathan Deal signed HB 310 into law on May 7, 2015.

Senate Bill 367 (2016):

The bill promotes the successful re-entry into society of those with a criminal record. It improves the misdemeanor probation system, increases opportunities to secure employment, and lifts the ban on food stamps for certain offenders. It also extends parole eligibility to drug offenders with long sentences, and limits secure detention for youth 13 years old or under.

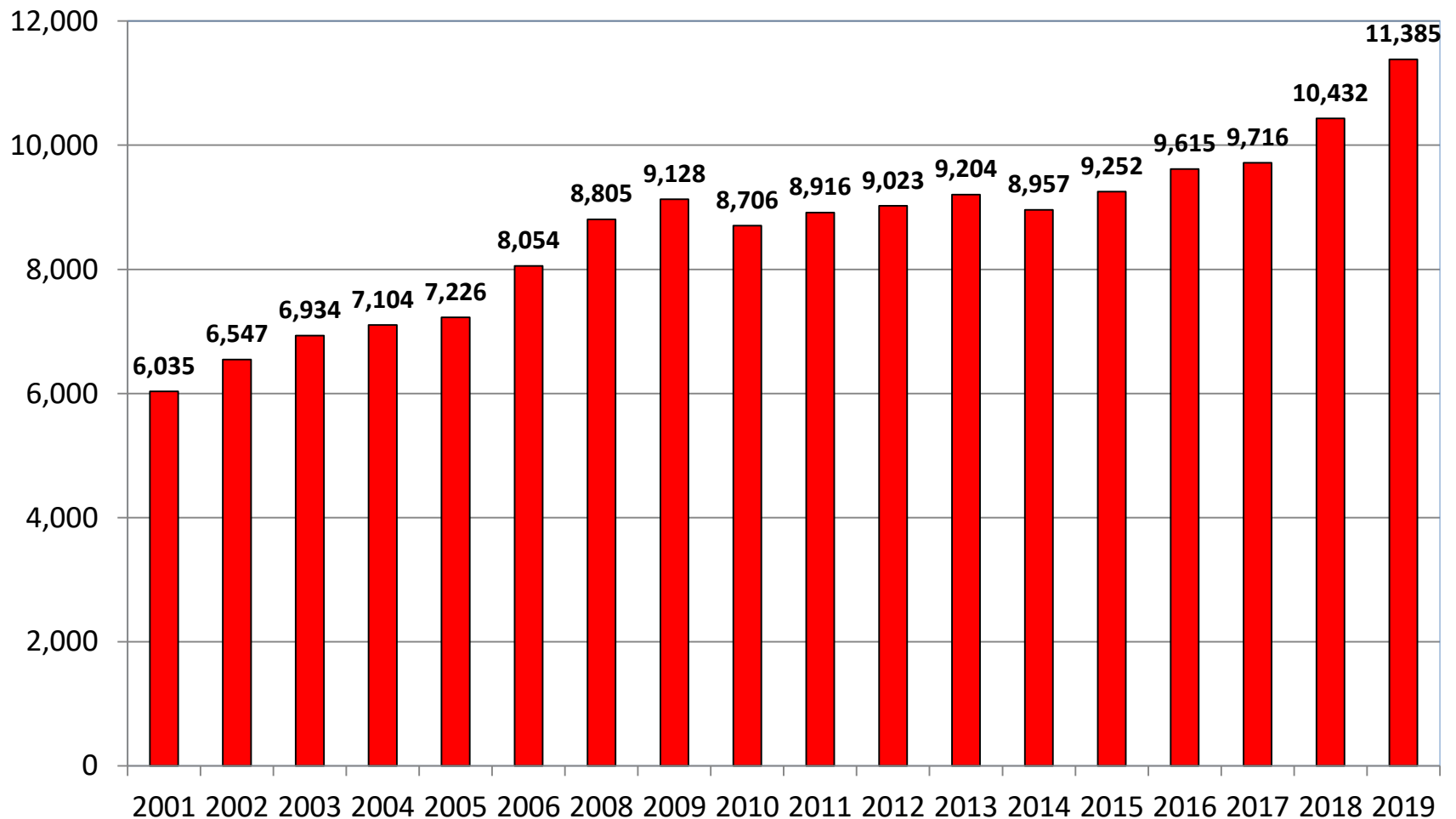
Senate Bill 174 (2017):

Reduces probation supervision length and enhanced probationers and parolees' conditions of supervision to prevent recidivism. Encourages alternate sentencing for certain offenses. Allows input from victims and prosecuting attorneys in the parole process.

Senate Bill 407 (2018):

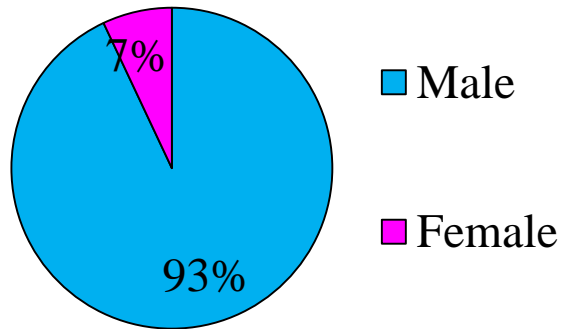
A comprehensive reform bill that improves pretrial justice, mainly as it relates to misdemeanor bail; addresses probation cost, parole eligibility, Medicaid and other public assistance benefits to inmates; and enhances sentencing for certain offenses.

GDC Mental Health Population FY 2000–FY 2019



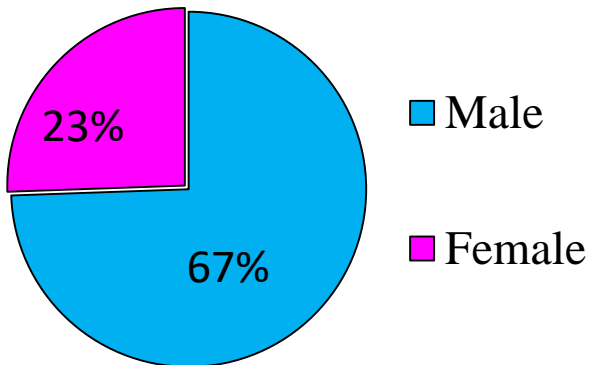
GDC Offender Population Overview

General Population



- *14% of the Male Population Receive MH Services*
- *55% of the Female Population Receive MH Services*

Mental Health (MH)



- *85% of the MH Male Population Receive Level II MH Services*
- *98% of the MH Female Population Receive Level II MH Services*

Mental Health Services Delivery Model

MHM Correctional Services, LLC Provides

All Direct Care Services to Include Approximately 450 Employees.

Services Provided at 32 Locations Statewide to Include:

# OF GDC FACILITIES	TYPE OF GDC FACILITY
23	STATE PRISONS
4	PROBATION DETENTION CENTERS
2	INTEGRATED TREATMENT FACILITIES
1	RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITIES
1	HELMS/SPECIAL MISSION FACILITY
1	METRO RE-ENTRY FACILITY

Samples of Mental Health Locations

Facility	Mental Health Level	Dorm Location	Capacity
Arrendale SP	MH 3	A-AC and A-AD	56
Arrendale SP	MH 4	A-AA	14
ASMP	MH 3	11A	100
ASMP	MH 4	10A, 10B, 13A, 13B	188
Baldwin SP	MH 3	H Bldg	96
Baldwin SP	MH 3	J Bldg	96
Central SP	MH 3	F Bldg	96
Central SP	MH 3	G2	23
Central SP	MH 3	H Bldg	96
Dooly SP	MH 2	GP Dorms	75
GDCP	MH 3	D-1, D-3, and D-4	66
GDCP	MH 4	D-2	16
GSP	MH 3	DE-2, DW-3 and DW-4	52
Hays SP	MH 2	GP Dorms	75
Johnson SP	MH 3	E-E1, E-E2	192
Phillips SP	MH 3	G-1, G-2, H-1,	150
Phillips SP	MH 4	D-1, E-1, E-2, F-2	100
Phillips SP	MH 4 & 5	F-1 (SMHTU and ACU)	20
Pulaski SP	MH 3	E6-C, E6-D	48
Rutledge SP	MH 3	C bldg, E bldg, F Bldg and Med 1&2	266
Smith SP	MH 2	GP Dorms	75
Telfair SP	MH 2	GP Dorms	75
Valdosta SP	MH 3	G-2, H-1	71
Valdosta SP	MH 3	F-1 (lockdown)	48
Ware SP	MH2	GP Dorms	75

Pink = Females

Mental Health Staffing Ratios

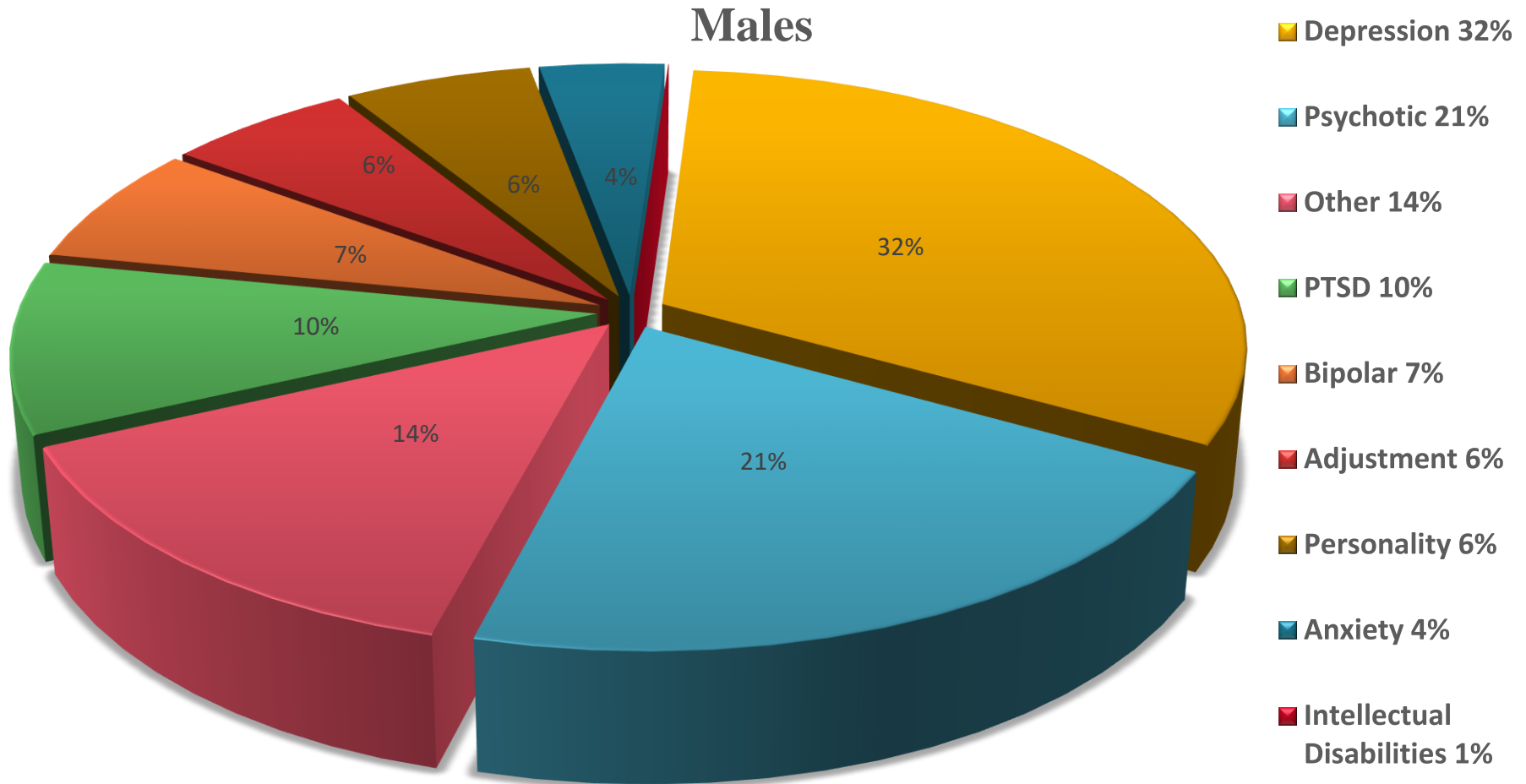
MALE OFFENDERS 2018-2019 LEVELS II III IV	2018-2019	FEMALE OFFENDERS 2018-2019 LEVELS II III IV	2018-2019
PSYCHIATRY	1:250	PSYCHIATRY	1:150
PSYCHOLOGY	1:250	PSYCHOLOGY	1:150

Mental Health Counselor Ratios

MEDIUM SECURITY	2017-2019
MH LEVEL II	1:75
MH LEVEL III	1:50
MH LEVEL IV	1:25
MH LEVEL V (CSU/ACU)	1:15

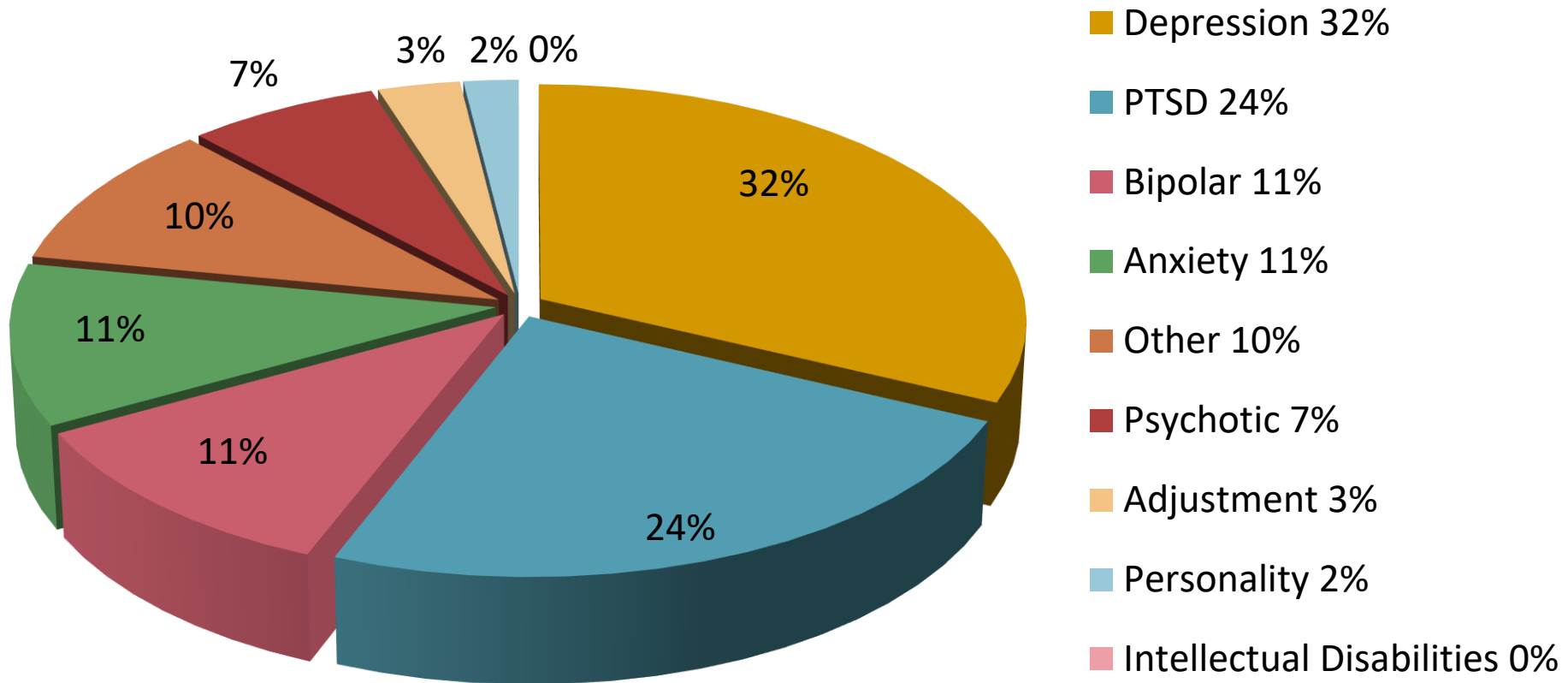
CLOSE SECURITY	2017-2019
MH LEVEL II	1:60
MH LEVEL III	1:40
MH LEVEL IV	1:25
MH LEVEL V (CSU/ACU)	1:15

Primary Diagnoses by Gender

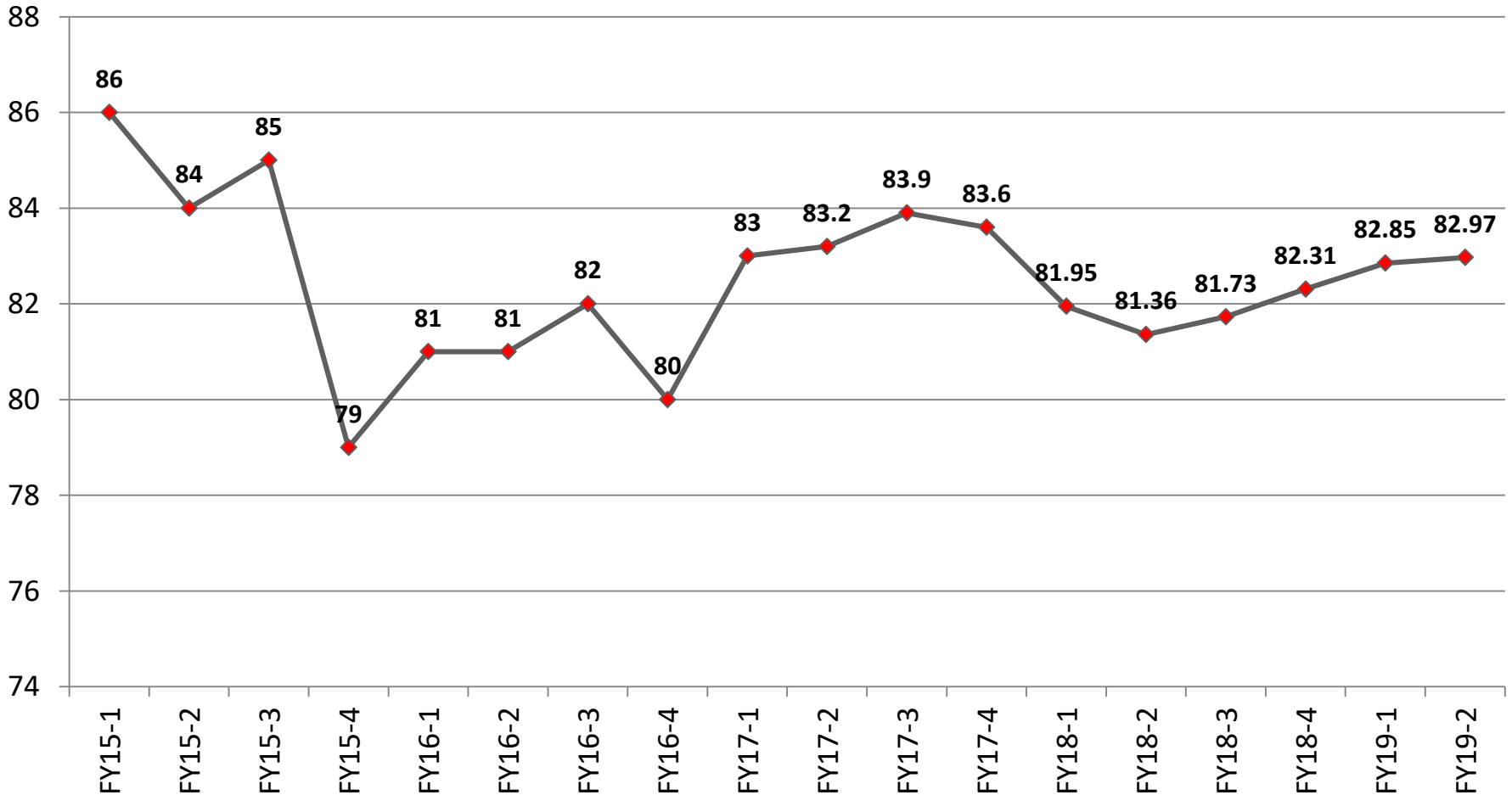


Primary Diagnoses by Gender

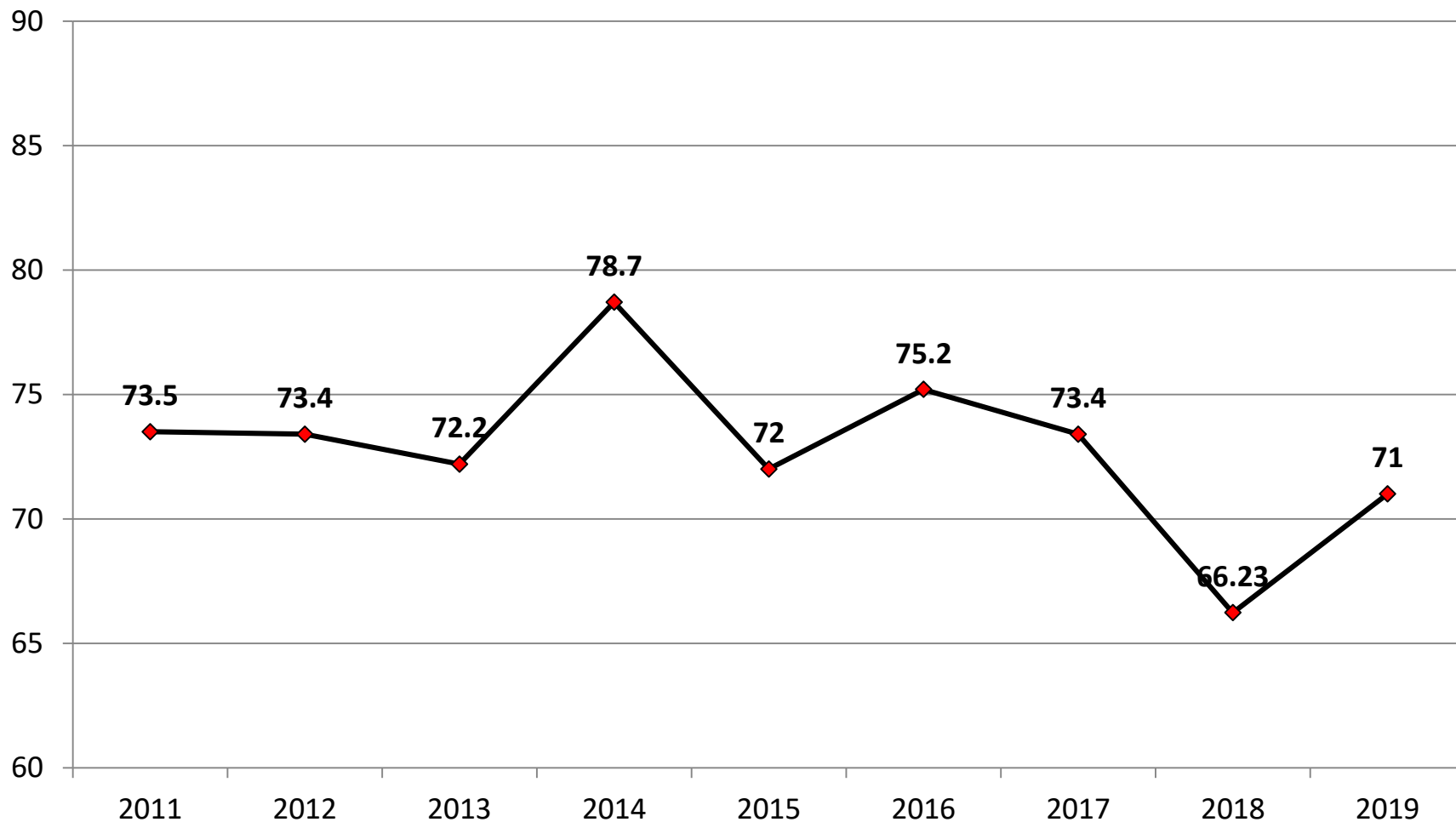
Females



Percentage of Mental Health Inmates Receiving Level II Services by Quarter FY15 – FY19-2



Percentage of Mental Health Offenders Receiving Psychotropic Medication 2011 – 2019



Mental Health Services

- **Development of Comprehensive Individual Treatment Plan (Review Occurs Within 6 months and is Re-written Every Year) (MHC)**
- **Psychopharmacological Treatment (Psychiatrist/APRN)**
- **Psychological Testing (Behavior Specialist/Psychologist)**
- **Individual and/or Group Counseling (MHC)**
- **Individual and/or Group Psychotherapy (Psychologist)**
- **Crisis Intervention (MHC)**
- **Case Management (Multifunctional Correctional Officers – for Level III & IV Offenders)**
- **Specialized Mental Health Treatment Units (SMHTUs) – Seven Units/Multidisciplinary. (Only 5 Units Now)**
- **Supervision**
- **Health Education**
- **Medication Non-Compliance**

Mental Health Treatment Team

- **MH Unit Manager** (Provides Administrative Oversight of the Program)
- **Clinical Director** (Leads the Treatment Team and Provides Clinical Oversight of the Program)
- **Psychologists, Psychiatrist(s)** and at Larger Facilities also **Advanced Practice Registered Nurses (APRNs)** (Upper Level Providers for Therapy and Medication)
- **Mental Health Counselors / Mental Health Technicians** (Licensed or Licensed-Eligible as Professional Counselors or Social Workers)
- **Behavior Specialists** (At the Diagnostic Facilities)
- **Mental Health Nurses** (One is the MH Nurse Coordinator – Takes Care of Heat Education and Medication Non-compliance Counseling for the Offenders)
- **Activity Therapists** (At Level III Facilities and Special Populations – Juveniles, SMHTUs)
- **Clerical Staff** (At Medium and Large Facilities Only – Based on Offender Population)
- **Security Staff** (MH Sergeant, MFCO, etc)
- **Teachers, Detail Officers, Chaplains, etc.** (May be Included in Treatment Planning)

Mental Health Team Responsibilities and Services

Mental Health Team Responsibilities And Services	Administrative Responsibilities	Mental Health Screens & Evaluations	Develop Treatment Plans	Psychological Testing	Psychiatric / Psychological Evaluations	Individual & Group Counseling	Individual & Group Psychotherapy Activity	Therapy	Crisis Intervention	Case Management	SMHTUs	Supervision	Heat Education Medication	Non-Compliance Counseling
Mental Health Unit Manager	✓	✓							✓					
Clinical Director	✓	✓		✓	✓		✓		✓		✓	✓		
Psychologist				✓	✓		✓				✓	✓		
Psychiatrist					✓				✓		✓	✓		
Advanced Practice RNs					✓				✓					
Mental Health Counselor		✓	✓			✓			✓	✓	✓			
Mental Health Technician		✓	✓			✓			✓	✓				
Behavior Specialist		✓	✓	✓		✓			✓	✓				
Mental Health Nurse											✓		✓	✓
Activity Therapist								✓			✓			
Multifunctional C.O.						✓			✓	✓	✓			

Special Populations

SPECIALIZED MENTAL HEALTH TREATMENT UNITS (SMHTUs)

- **Placing seriously mentally ill offenders in restrictive housing violates Federal Bureau of Prison and ACA standards.**
- **Offenders with mental illness have been over-represented in GDC's restrictive housing units. The mentally ill offenders are often unable to work their way out of restrictive housing. The restrictive housing rates of recidivism for the mentally ill offenders appear to be higher than recidivism rates for non-mentally ill offenders.**
- **We have developed evidence-based treatment programs at identified facilities to address the long-term lockdown and challenges of the mentally ill offenders who reside in restrictive housing. The treatment team includes: a Psychiatrist, Psychologist, MH Counselors, Activity Therapists, Multifunctional Correctional Officers, and a MH Nurse.**

Specialized Mental Health Treatment Units

The Specialized Mental Health Treatment Units are specialized programs for offenders with severe and persistent mental illness who have a significant history of assaultive behavior or difficulty effectively managing their behavior within the general prison population. These programs provide therapeutic multidisciplinary interventions that are incentive-based, with the function of developing pro-social behaviors, meeting individualized treatment goals, and preparing for re-entry into the general prison population and/or society.

Name of Program	Capacity
Cognitive Delayed (Valdosta SP)	25
Severe Personality Disorder (ASMP)	25
Dementia (ASMP)	25
Seriously Mentally Ill (ASMP)	25
Impulse Control Disorder (Phillips)	25
Transition (Valdosta)	25
Dangerously Mentally Ill (GDGP) (Began in 2018)	25

Each unit required the hiring of two extra Mental Health Counselors for the SMHTU offenders (ratio of 1:20). This affords the provision of extra services for offenders (extra Groups and Individual Sessions). The goal of this program is to integrate offenders to non-restrictive housing. A fulltime program consultant was hired to oversee the implementation of each unit. Seriously Mentally Ill and Impulse Control Disordered Units are extended programming units and require more time for offenders to successfully complete.

Special Populations Integrated Treatment Facilities

- Integrated Treatment for probationers who have mental health issues and have violated their probation due to addiction/substance abuse issues.**
- They are all classified as Level II and receive a minimum of 9 months of treatment for both their mental health diagnosis and substance abuse.**
- All the security staff are trained as multifunctional correctional officers. They have received Basic Correctional Officer Training, Counselor Training and Mental Health Training.**

Special Populations Receiving Mental Health Services

- Juvenile offenders - Burruss Correctional Training Center**
- Residents in Transition Centers (Atlanta, Clayton, Augusta, Phillips, Metro, Valdosta)**
- Returning Citizens in a Re-entry Facility – Metro Re-entry**

DIAGNOSTICS

Mental Health Process

When entering a diagnostic facility
Georgia Diagnostic & Classification Prison (Males)
Lee Arrendale State Prison (Females)

Day 1

**All offenders
receive a mental
health screen**

Day 1

**A mental health
evaluation is
completed if:**

- 1) on mental health
medication**
- 2) received mental
health services within
last 6 months**
- 3) request mental
health services**

Day 1 - 14

**Scheduled to see an
Upper Level Provider
to determine
diagnosis**

**May be placed in a
Supportive Living Unit
if moderately or
seriously mentally ill**

**May be placed in a
crisis unit (Level 5) if
they have
decompensated.**

DIAGNOSTICS

Mental Health Process

Day 5

Assigned a mental health counselor (while in Diagnostics)

Frequency of contact: daily in the SLU, ACU or CSU

monthly in general population

Day 5 - 60

A treatment plan is developed based on history and diagnosis

Includes: goals and interventions (individual counselor contact, groups, individual therapy, activity therapy, detail, education, etc)

Day 5 - discharge

Regular contact with mental health counselor

30 - 120 day contact with upper level provider

-weekly contact with group facilitators and activity therapist (if assigned)

-Treatment Team meets to review/change or recommend specialized treatment

DIAGNOSTICS

Mental Health Process

≥ 30 days prior to Discharge

- 1) Notification of discharge date is received
- 2) Location of residence
To make a mental health appointment
- 3) Summary of mental health treatment is gathered for the mental health appointment and Department of Community Supervision (DCS) if they are given a parole or probation status
- 4) The summary is sent (via fax) to the mental health appointment site and transmitted to the DCS portal.

Day of Discharge

1. Given a 30-day supply of psychotropic medication
2. Copy of their mental health appointment

A monthly list of those who have discharged from prison is sent to the Department of Behavioral Health and Developmental Disabilities (DBHDD)

Commissioner's Expansion of Mental Health Missions in 2019

-Facility Expansion (302 Beds)

- 1. Smith SP (75 Beds)**
- 2. Telfair SP (75Beds)**
- 3. Ware SP (75 Beds)**
- 4. Dooly SP (75 Beds)**
- 5. Hays SP (2 CSU Beds)**

-Suicide Prevention Training, Education and Awareness

-Mandatory Statewide Mental Health Training (All Staff)

-Collaborate with Vendor Partners to Align and Add Mental Health Resources

-Increase Access to Tele-Psychiatry and Psychology Providers

3-Year Look Back at Mental Health Recidivism Rates by Level

DT	MH LEVEL	RELEASED	RETURNED	RATE
FY12	MH-2	2456	709	28.87
FY12	MH-3	399	98	24.56
FY12	MH-4	57	15	26.32
FY12	MH-5	2	1	50
FY12	MH-6	2	1	50
FY12	No MH diagnosis	16647	4410	26.49
FY12	Total for FY12	19563	5234	26.75
FY13	MH-2	2634	733	27.83
FY13	MH-3	422	113	26.78
FY13	MH-4	69	13	18.84
FY13	MH-5	2	0	0
FY13	No MH diagnosis	18100	4719	26.07
FY13	Total for FY13	21227	5578	26.28
FY14	MH-2	2620	751	28.66
FY14	MH-3	357	68	19.05
FY14	MH-4	58	12	20.69
FY14	MH-5	1	0	0
FY14	MH-6	1	0	0
FY14	No MH diagnosis	17495	4668	26.68
FY14	Total for FY14	20532	5499	26.78
FY15	MH-2	2403	672	27.97
FY15	MH-3	289	72	24.91
FY15	MH-4	51	9	17.65
FY15	MH-5	2	0	0
FY15	MH-6	1	0	0
FY15	No MH diagnosis	15000	4064	27.09
FY15	Total for FY15	17746	4817	27.14
FY16	MH-2	2411	695	28.83
FY16	MH-3	266	62	23.31
FY16	MH-4	64	13	20.31
FY16	No MH diagnosis	15298	4207	27.5
FY16	Total for FY16	18039	4977	27.59



Challenges in Mental Health Delivery Staffing

- **Staffing Barriers:**
 - Staff shortages within the mental health workforce .
- **Recruitment of Qualified Staff:**
 - Recruitment barriers due to facilities being located in rural communities, biases towards the correctional environment.

Challenges in Mental Health Delivery Suicide Prevalence

- **A continued area of focus for the Department.**
- **Recent Strategies and Tactics:**
 - **Recruited a Forensic Psychologist**
 - **Strengthened Suicidal Risk Assessments**
 - **Multi-disciplinary Suicide Prevention Teams**
 - **Promote the Suicide Hotline**
 - **Mandatory Staff Training on Mental Health**

Challenges in Mental Health Integrated Treatment Within Facilities

- Currently there are limited treatment services for the dual-diagnosed (offenders with mental health and substance abuse disorders).**
- The rise in opioid use has increased the number of newly incarcerated offenders who present with an opioid use disorder.**

Challenges in Mental Health Level VI Care

-When the level of care for the mentally ill exceeds acute care and crisis stabilization, (Level V) acute long-term hospitalization and treatment is required.

❖ These Services Are Not Available Within the State of Georgia.

Recommendations

- 1) Evaluate the viability of a long-term acute care psychiatric facility for the Level VI offender.**
- 2) Evaluate the viability of expanding integrated treatment within GDC facilities for those offenders with mental health dual diagnoses.**
- 3) Increase the availability of forensic peer mentors for those offenders who are preparing for release from prison.
(Joint effort from MH Consumers Network, DBHDD and GDC)**
- 4) Ensure continuity of mental health care and connectivity to mental health resources for the returning citizen.**



Additional Resources

❖ Additional Resources Increase the Success of the Returning Citizen Include:

-Family Reunification

-Housing Options

-Residential Treatment-Drug Treatment

-Employment Opportunities



COMMENTS / QUESTIONS?

